

UNITED STATES DISTRICT COURT
 for the
District of Idaho, S. Division

ANDREW U. D. STRAW _____)

Plaintiff/Petitioner _____)

) Civil Action No.

UNITED STATES & REPUBLIC OF THE PHILIPPINES _____)
Defendant/Respondent _____)

APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS
(Short Form)

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested.

In support of this application, I answer the following questions under penalty of perjury:

1. *If incarcerated.* I am being held at: _____.

If employed there, or have an account in the institution, I have attached to this document a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months for any institutional account in my name. I am also submitting a similar statement from any other institution where I was incarcerated during the last six months.

2. *If not incarcerated.* If I am employed, my employer's name and address are:

N/A - SSDI disability benefit since 2008

My gross pay or wages are: \$ _____ 0.00 , and my take-home pay or wages are: \$ _____ 0.00 per
(specify pay period) _____ .

3. *Other Income.* In the past 12 months, I have received income from the following sources (*check all that apply*):

(a) Business, profession, or other self-employment	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Rent payments, interest, or dividends	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(c) Pension, annuity, or life insurance payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(d) Disability, or worker's compensation payments	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Gifts, or inheritances	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Any other sources	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

SSDI 2024 \$1,430 per month; SSDI 2025 \$1,466 per month

\$50 Povaddo survey Jan 2025 1X
 \$1,000 editing gig Nov 2024 1x
 \$131 AT&T/FB settlements Aug/Sep 2024 1x
 \$1,000 United Breast Cancer Foundation Scholarship Aug 2024 1x

\$1,000 gift Dec 2024

Any other monies I have had were derived from student loans I must repay. Loan money is not income.

Please note that IFP was granted last month in

Straw v. University of Maine, 1:25-cv-00325-JAW-KFW (D.Me. 2025)

Please note that IFP was granted in the following: Straw v. U.S., 7:23-cv-162-BO-BM (E.D.N.C.) (Dkt. 82, 2024) Straw v. State of Maine Vocation Rehabilitation, 1:25-cv-350-JAW-KFW (D.Me.) (July 2025)

4. Amount of money that I have in cash or in a checking or savings account: \$ 8.34.

5. Any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value that I own, including any item of value held in someone else's name (*describe the property and its approximate value*):

\$200 computer and screen and peripherals
\$100 Android cell phone

\$200 clothes

Service dog

6. Any housing, transportation, utilities, or loan payments, or other regular monthly expenses (*describe and provide the amount of the monthly expense*):

Set fee: housing & food & meds/health & electric & water & transp & Internet: \$1,400
Netflix: \$11/month
Pacer.gov: \$15/month
PhysicalAddress: \$7.98/month

7. Names (or, if under 18, initials only) of all persons who are dependent on me for support, my relationship with each person, and how much I contribute to their support:

ROSANNA INDAP QUIJANO (fiancee & mental health aide) - included in \$1,400 above

8. Any debts or financial obligations (*describe the amounts owed and to whom they are payable*):

\$1,000 USCA7
\$350 Indiana Election Commission

\$210 Sallie Mae Student Loan (est.)
\$23,000 Direct Loans (est.)

All 2024 excess income (above SSDI) paid landlord damage debts caused by another person's children.

Declaration: I declare under penalty of perjury that the above information is true and understand that a false statement may result in a dismissal of my claims.

Date: July 17, 2025



Applicant's signature

ANDREW U. D. STRAW

Printed name